

S 02

Inquiry into Suicide Prevention

Ymchwiliad i Atal Hunanladdiad

Ymateb gan David Hitt

Response from David Hitt

Hi,

I'm not entirely certain how this works. I just wanted to include the WHO review of suicide prevention, as clearly this should be used as a benchmark if considering a document pertinent to Wales.

[http://iris.wpro.who.int/bitstream/handle/10665.1/5497/9789290614623\\_eng.pdf](http://iris.wpro.who.int/bitstream/handle/10665.1/5497/9789290614623_eng.pdf)

As for adding to the debate, then as a CBT therapist, it would be useful to refer to page 23 of this document which looks at the impact of CBT on suicide prevention (via numerous trials worldwide). I can vouch in my own practice that I have seen individuals who have been let down by generic mental health services who I have then seen and treated effectively, moving them further away from the risk of suicide. There is a paucity of CBT offered within Wales with too few people trained and access limited. We have some specialist services, but usually people with depression who may be at risk are not seen by such specialist services, as individuals with depression are not seen as an interest for clinicians in the same way as say, PTSD or eating disorders. This may be controversial, but across the country you will see very few services in existence. As such, maybe it is time for depression to be offered such a service, or if not then for individuals to be assured that they are offered evidence based treatment at a time of crisis or to prevent it from reaching this point. With more strain on CMHT's, individuals aren't receiving the support they need, and have to be acutely suicidal often before this support is on the table. Offering these individuals the right treatment at source is one way by which we can ultimately reduce the suicide rate in Wales.

Thank you.